

A. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company
affording coverage) issued to _____ (insured name),
an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly or indirectly applied on them accidentally and results in an illness or injury.

C. Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME

2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)

CONTACT PERSON NAME

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non-renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non-renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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